



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES
Medical Use of Marijuana Program
Employee Application

SECTION 1: Employee Information		
	New <input type="checkbox"/>	Employee <input type="checkbox"/>
	Renewal <input type="checkbox"/>	Board Member <input type="checkbox"/>
		Principle Officer <input type="checkbox"/>
Legal Name: _____		
Date of Birth: (Must be at least 21)		Telephone No.: ()
Home Address: _____		
City: _____	State: _____	Zip: _____
Mailing Address: _____		
City: _____	State: _____	Zip: _____

SECTION 2: Fees	
<input type="checkbox"/> Employee Fee: \$25	\$ _____
<input type="checkbox"/> Criminal Background Check: \$31.00 (Mandatory Annually)	\$ _____
Total Fees: \$56	\$ _____
ALL FEES ARE NON REFUNDABLE (SECTION 7.1 MMMP RULES)	
Make check or money order payable to "Treasurer, State of Maine". Do not send Cash. Credit Cards are not accepted at this time.	
Total Check/Money Order enclosed: = \$ _____	

SECTION 3: Renewals Only	
1. Registration # _____ Control # _____	

For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services
Licensing and Regulatory Services
Maine Medical Use of Marijuana Program
41 Anthony Ave; 11 State House Station
Augusta, ME 04333-0011
Tel: (207) 287-4325 Fax: (207) 287-2671
Toll Free: 1-800-791-4080 TTY users call Maine relay 711
Email: medmarijuana.dhhs@maine.gov

Office Use Only:				
Check# _____	MO # _____	Amount \$ _____	Initials: _____	License# _____

SECTION 4: Employer Information

Legal Name of Employer:

Mailing Address:

City:

State:

Zip:

County:

Telephone No.: ()

Email Address:

SECTION 5: Submission

Submit the following documents with your completed application:

- A check or money order made payable to "Treasurer, State of Maine"
- Copy of the employees current Maine Driver's License or Other Maine Issued Photographic Identification Card

SECTION 6: Declaration

- I UNDERSTAND and acknowledge my duties as an employee under the laws and regulations governing the Maine Medical Use of Marijuana Program.
- I AGREE that in the event that law enforcement questions my status as an employee, I must provide my state issued MMMP card.
- I UNDERSTAND that if I do not comply with these requirements, the Department of Health and Human Services may revoke the MMMP identification card.
- I DECLARE under penalty of perjury that the information provided on this form is true and correct.
- I UNDERSTAND that I must submit a new employee application each time I apply for a card and/or renew a card.
- I CERTIFY that I will not sell, furnish, or give marijuana to a person who is not allowed to possess marijuana for medical purposes.
- I UNDERSTAND that as a registered employee, I am not authorized to conduct myself as a caregiver with all benefits and responsibilities associated with such designation.
- I UNDERSTAND that all fees are nonrefundable (Section 7.1 MMMP Rules)

Print name of Employee_____
Signature of Employee_____
Date